



CITY OF BOSTON

Mayor's Office of Consumer Affairs and Licensing

Boston City Hall, Room 817

Boston, MA 02201

THOMAS M. MENINO

Mayor

PATRICIA A. MALONE

Director

CHANGE OF CORPORATE NAME AND / OR DOING BUSINESS AS (D/B/A)

CURRENT CORPORATION NAME _____

PROPOSED CORPORATION NAME _____

ADDRESS _____

REASON FOR PROPOSED CHANGE _____

CURRENT D/B/A _____

PROPOSED D/B/A _____

ADDRESS _____

REASON FOR PROPOSED CHANGE _____

MANAGER OF RECORD _____

ADDRESS _____

STATEMENT BY APPLICANT: UNDER THE PAINS AND PENALTIES OF PERJURY, I AFFIRM THAT THE PRECEDING ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

WRITTEN SIGNATURE _____ DATE _____

PRINTED SIGNATURE _____

**** CHANGE IN CORPORATE NAME OR D/B/A MAY BE SUBJECT TO A HEARING ****